



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

5/4/2015

Robin Johnson  
1008 16 Ave  
Coralville IA 52241

Dear Robin,

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 4/28/15. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards.

**Issues are: you had window blind cords that were tied together and looped. I showed you how to shorten them by cutting them off to prevent that problem. Please do that immediately. I am enclosing a safety plan for you to sign and return when this is completed.**

☒ 110.5 (1)p Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician. **You had a baby sleeping in a swing. You moved them when I asked you to place the baby in the pack in play.**

**Item “p” addresses the need to place a child under the age of 1 on their back when you lay them down to nap. If they roll over you do not have to reposition them but they must start on their back. This also means if they fall asleep in a swing or car seat they should be removed and placed on their back for their sleep time. They also should not have items in the bed with them. The only way you can not start a child on their back sleeping is if there is a doctor order.**

☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. **For Emmie you need annual pet records and need to be on the new form, 470-5153, which I left a copy of for your use.**

☐ 110.5(1)q No animals are allowed in food preparation, storage or serving areas during food preparation and serving times. **Animals in the food preparation, storage or serving areas during prep and or meal time.**

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies.

**Item “v” addresses the need to have written policy on how you would respond to health related emergencies. Please develop those policy to share with your families. You can see samples of this in the guidebook on page 53 for health related emergency policies. You should prepare something similar to these to address the rules/policies of your program.**

## ***Health Related Emergency Policy ----Sample***

Linn County DHS 411 3 St SE, suite 160, Cedar Rapids IA 52401-9828 319 892-6800

*In the event of a minor health related emergency ( ie: bloody nose, scraped knee, minor cut) I will use my first aid CPR training as needed. I will complete an injury report form and give to the parent at time of pick up along with calling or texting the parent after the child's needs have been dealt with.*

*In the event of a health related emergency that exceeds my ability, I will call the parent/guardian/ or (emergency contact person if the parent can not be reached) for further directions.*

*In the event of a life threatening health emergency I will call 911 and call the parent as soon as possible. If the child is required to be transported for medical attention they will go via ambulance unless the parent /guardian/ emergency contact has arrived and can make the determination for transportation. I will stay with the other children in care.*

*The above policy illustrates why I must maintain accurate information on all phone numbers and addresses for parents, guardians, and emergency contact persons along with medical providers for your child. Please ensure that is accurate at all times.*

*I maintain a valid CPR and First aid certificate along with a first aid kit to meet the needs for minor injuries.*

*I will complete an injury report form and send a copy home with the family and retain one for the child's file if first aid is applied due to an injury.*

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. **Need for both yourself and Gregnow every 3 years and on the new form which I left a copy for your use.**

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains:

☐ 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter. **Need now every 3 years and on the new form which I left a copy for your use for Terry.**

☐ 110.5(2)d An individual file is maintained for each substitute and contains: :

☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter. : **Need for Terry now every 3 years and on the new form which I left a copy for your use.**

#### 110.5(8) Children's Files

110.5(8) An individual file is maintained for each child and **updated annually or when there are changes.** Each file contains: **The children's files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, etc. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.**

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number. **Need an annual for: MH, PLO, CD, ED, DP, AJ, AA, AO .**

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency. **Need an annual for: MH, PLO, CD, ED, DP, AJ, AA, AO .**

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. **Need an annual for: MH, PLO, CD, ED, DP, AJ, AA, AO .**

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. **Need for: SV, NH, MR.**

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually. **Need for: AO.**

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. **Need an annual for: MH, PLO, CD, ED, DP, AJ, AA, AO .**

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health. **Need for: NH.**

☐ 110.9(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"

☐ 110.9(1)d Not more than two children who are receiving care on a part-time basis at any one time. **You had 3 children receiving part time care. You need to track thee hours and make sure you stay within the allowed number of children you can have in your care at any one time.**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

**Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

**I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.**

**Please sign and date below, and return this form in the provided envelope by: 45 days of receipt.**

X \_\_\_\_\_  
Signature Date

Please do not hesitate to contact me at DHS at 319-892-6826 if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook  
Social Worker II

Irene Holzwarth  
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 866-324-3236.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to [http://dhs.iowa.gov/sites/default/files/CC\\_Professional\\_Development.pdf](http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf) and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).